U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10706	2. Fiscal Year Covered From:
¥	1/1/2004 Through: 12/31/2004
3. Name and address of person filling.	4. Name, file number, and address of labor organization.
Name RUSTIN C BENNETT	Name IBEW LU 86
	Labor Organization File Number 046 952
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10 MADERA DR.	Street 2300 EAST RIVER RIO.
City ROCHESTER	City ROCHESTER
State N.Y. ZIP Code ÷ 4 146 24	State N-Y ZIP Code + 4 146 2 3
5. Position in labor organization. $TREASURER$	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions);

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7 L A		
Street	7.b. Amount.		
City			
State ZIP Code ÷ 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Form LM-30 (2003)

B. Held an interest in or derived income or economic benefit with monetary value **from** a **business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or

(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name IBEWLU86 FUND a. Labor Organization Trade Name, if any: RAMCT b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 2300 EAST RIVER RD. CH ROCHESTER ZIP Code + 4 14624 State NY. 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. FUND TRUSTEE. LOST TIME Name BEIMBURSEMENT FOR SERVICE TIME DURING REGULAR WORKING Trade Name, if any: HOURS P.O. Box, Bldg., Room No., if any Street 5141,00 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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13.a. Name and address of Employer or Labor Relation (including trade name, if any).	ns Consultant	14.a. Nature of payment.	_
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code	e + 4 .		
13.b. Is the Business an Employer or Con-	sultant ?	14.b. Amount of payment.	

12.b. Amount.